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Re: Amendment 10/730,195 Pages: \_\_\_\_\_  
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Serial # 10/730,195 Filing Date 12/5/05  
Inventor: John Q. Segnan  
Examiner Matcliffe Art Unit: 3662  
Attorney Docket GSC 14,616-1

Documents Included:

Transmittal Form

Amendment: 13 sheets

Replacement Drawings: 2 sheets (Sheet 2 &amp; 3)

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PTO/SB/21 (08-04)

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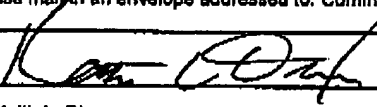
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/730,195	
	Filing Date	December 5, 2003	
	First Named Inventor	John J. DEGNAN	
	Art Unit	3682	
	Examiner Name	Ratcliffe	
Total Number of Pages in This Submission	17	Attorney Docket Number	GSC 14,816-1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks No additional fees are due. All claims have already been paid for. Replacement Drawings (Sheet 2 and Sheet 3)		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	NASA Goddard Space Flight Center		
Signature			
Printed name	Keith L. Dixon		
Date	12-6-2005	Reg. No.	37,983

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Keith L. Dixon	Date	12/6/05

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